

THE CALIFORNIA MEDICAL JOURNAL.

H. T. WEBSTER, M. D., EDITOR.

VOL. 10.

OAKLAND, CAL., JANUARY, 1889.

No. 1.

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A COMPARISON OF THE METHODS OF TREAT- ING ECZEMA BY ALLOPATHIST, HOMEOPATHIST AND ECLECTIC.*

BY A. W. BIXBY, M. D.

I KNOW of no better way of making the indicated comparison than giving the Allopathic and the Homeopathic treatment as collated from recent standard authorities of the two schools of medicine, and the Eclectic treatment that of my own.

ALLOPATHIC TREATMENT.

Dr. A. J. Balmaund Squire, surgeon to the British Hospital for Diseases of the Skin, gives the following treatment.

ACUTE ECZEMA.

Give brisk purge, refrigerants, such as cream of tartar, spirits Mindererus, and lemonade, followed by sarsaparilla or a tea made of couch grass. For general eruption, tepid bath containing bran or gelatine; if eruption is limited in area, poultices of

*Read before the Eclectic Medical Society of California, December 12, 1888.

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ground rice or potatoes made with an infusion of henbane or lettuce should be applied, or an evaporating lotion composed of one pint of distilled water with one dram of Goulard's extract may be used in day-time and replaced at night by an ointment containing six drops liquor plumbi to an ounce of vaseline.

TREATMENT OF CHRONIC FORM.

If the patient is of the lymphatic temperament cod-liver oil should be given. In very chronic cases, sulphur or hepar sulphuris will be of benefit. In a *majority* of cases liquor arsenicalis will be of service. Free phosphorus, one-thirtieth of a grain, three times a day dissolved in oil, will be of benefit. If the patient is feeble, he should have steel bitters and take nourishing food.

LOCAL TREATMENT.

Various local remedies should be used with the object of getting a stimulant, an alterative, an anodyne, an astringent, or an emollient effect on the skin. Ointments of calomel, of nitrate of silver, of sub-iodide of mercury, of vermilion, of oxide of zinc, of camphor, of tannin, of calamine, of cyanide of potassium, of carbolic acid, or lotions of borax, of potash, of bichloride of mercury, acetate of lead, sulphate of zinc, sulphate of iron, and oil of cade, are the most important topical remedies. Dr. Squire thinks success depends very much upon the critical skill with which the indicated remedy out of the list is selected for the special care. Yet he gives no indications or rules by which the proper one may be selected.

Treatment by Dr. Van Harlinger, Professor of Diseases of the Skin in the Philadelphia Polyclinic and College for Graduates of Medicine, is as follows. He says eczema is often the result of dyspepsia, and the subject of diet is very important. All articles of difficult digestion must be proscribed, and especially salt or pickled meats, pastry, cabbage, beer, and wine. The condition of the kidneys should be looked into.

INTERNAL TREATMENT.

Diuretics and saline laxatives are usually required. Six grains of blue pill at night, followed in the morning by a tablespoonful

of *mistura ferri acida* in a goblet of water, forms the best treatment for a majority of recent cases. The *mistura ferri acida* is prepared thus:—

R *Magnesii Sulph.*, ℥i.
 Ferri Sulph., ℥i.
 Sodii Chloridi, grs. xx.
 Acidi Sulph. dil., ℥i.
 Infusim quassia, ℥ iv.

Spiced syrup rhubarb to be used as a laxative for children. For cases of longer standing, the mineral waters are recommended. In old persons, especially if gouty or rheumatic, would give them colchicum, carb. magnesia, and carb. of potassium in full doses. Also the mineral waters, cod-liver oil, quinine, and strychnia, are often useful. He contends that arsenic has a very limited value in this disease, and that only in occasional cases in the squamous stage of the affection.

LOCAL TREATMENT OF THE ACUTE FORM.

Bathing and the use of soap in the acute form should be sedulously avoided. He uses the powders of starch, lycopodium, carbonate magnesia, sub-nitrate of bismuth, oxide of zinc, and camphor. Sometimes a wash—lead water alone or in combination with laudanum, or black wash; or fluid extract *grindelia* diluted with eight parts of water. Carbonate of zinc, sulph. of zinc, or oxide of zinc may be used as a lotion dissolved in water and glycerine. Carbolic acid is recommended highly for the pruritus. Or the above agents may be made into ointments and used as being better in some cases.

LOCAL TREATMENT OF CHRONIC FORM.

The author claims that a large proportion of the cases of chronic eczema may be cured by topical remedies alone. In addition to the agents just named in the treatment of the acute form he recommends various preparations of mercury, and commends the oil of cade especially.

HOMEOPATHIC TREATMENT.

I give the treatment as carefully collated from the works of Prof. W. A. Edmond and H. R. Arndt, M. D., both considered standard authority of the Homeopathic school.

They consider hygienic and dietary measures to be of primal importance in the successful treatment of the disease. Fresh air, bathing, and exercise are considered essential. Diet should be selected with care. Vegetables containing the potash salts (such as celery, lettuce, etc.), and fruits are very beneficial. Fresh meat should be used sparingly and salt meat not at all.

INTERNAL TREATMENT.

Arsenicum is the principal remedy, *vesication* and moisture being its leading indications. Kali iodidum, if there is strumous or syphilitic taint. Calcareo carb. when the eczema is the result of dentition in children or of gastric disorder.

Iris versicolor for strumous eczema with severe pruritus. Baryta or tartar emetic, when the disease is characterized by large, heavy scales on the scalp. Croton tiglium when there is much heat and tingling in the affected part.

Rhus tox for acute eczema with severe pruritus. Hepar sulphur, when complicated with lymphatic enlargements. Also mercurius, graphites, lycopodium, and silica are mentioned as specifics in some phases of the disease. Cod-liver oil is sometimes used.

And last but not least, sulphur comes to the rescue in all obstinate complicated cases wherein the indicated remedy fails. The Homeopathic preparations are used and should be given in their medium or higher potencies. Much patience is a necessity in all forms of eczema, if you would cure.

EXTERNAL APPLICATIONS.

To remove crusts, warm or hot baths, liquid fats, and oils are used. Wet lotions (whatever that may be) are recommended to be used continuously in erythematous forms of the disease. Soothing ointments, emulsions, or glycerine are recommended to be applied and then smeared over with starch or rice flour. When the skin is reddened and exuding a copious, ichorous discharge, astringent washes, and absorbent powders should be used. Alkaline applications are of value in nearly all forms of the disease, especially when characterized by intense itching and burning—in the earlier stages of the acute form dilute alkaline washes

are to be used; later the alkaline soaps are serviceable. In chronic cases with thickening or infiltration of the cutaneous layers, potassa fusa may be used. For severe pruritus, Dr. Edmonds recommends 10 grains of chloral and 1 dram of glycerine to the ounce of water, the lotion to be applied three or four times daily; and to protect sensitive surfaces, and for the prevention of large, thick scabs, and to remove them when formed—

R Vaseline, 1 oz.
 Oxide of zinc, 10 grs.

M. Sig.—Mix and anoint the eruption three or four times daily.

ECLECTIC TREATMENT.

In presenting Eclectic treatment of eczema, I present the treatment adopted by myself only—a treatment that has been remarkably satisfactory to myself and to my eczematous clientele—one that has brought into my office a number of old chronics that had run the gauntlet of a long line of previous, unsatisfactory medication.

Eczema is the result of impaired nutrition and *imperfect* waste. Capillary stasis of the skin is, I believe, a constant associated pathological condition.

INTERNAL MEDICATION.

Hence, rumex crispus, acetate of potash, and belladonna, are the principal internal remedies in acute or chronic cases. I usually associate them with comp. syr. still. and syr. sarsap. comp., though not always. Thus:

R Rumex crispus f. e., $\bar{3}$ i, ij.
 Acet. pot. sol. (4 drs. to oz.), $\bar{3}$ i, ij.
 Belladonna, specific, $\bar{3}$ ss.
 Syr. sarsap. co. } aa, q. s., $\bar{3}$ vj.
 Syr. Still. comp. }

M. Sig.—Teaspoonful in some water every three hours for acute cases for an adult, for children less. Two teaspoonfuls three times a day for chronic cases.

In acute cases for the fever that is usually present, the specific sedatives, as rhus tox., acon., ver. vir., bryonia, etc., are used as

indicated. As a laxative in acute or chronic cases, when one is required, Searby's cascara sagrada is used with syr. taraxicum, or with simple syrup. In the acute form of the disease there are sometimes well-marked regular periodic exacerbations, then cincho-quinine for children and sulphate for adults, if preferred. If the tissues are sodden and non-elastic, especially the skin, arsenicum will facilitate a cure—Fowler's solution three to five minimums per day.

LOCAL TREATMENT.

For the chronic form glycerole of resorcin (two drams to the ounce) is applied with camel-hair brush three or four times a day. The affected part is washed once a day, if required for cleansing, with warm water and tar soap.

Acute cases are medicated with ver. vir. and glycerole of resorcin. Thus:—

R Ver. vir. fl. ex., 3ij.
 Glycerole resorcin, 3vj.

• M. Sig.—Apply with camel-hair brush several times daily. If this does not allay the intense itching sufficiently, a five per cent solution of chloral hyd. (24 grains to the ounce of rose water) is applied with small soft sponge as required.

DIET.

Usually I give but little heed to the dietary subject in the treatment of eczema. Eczema is not the result of bad diet, but of impaired excretion. The organic body contains too many devitalized, worn-out elements in the blood and tissues. Get rid of this *débris*, put the digestive and blood-making organs in good condition, and healthy blood and healthy tissues will be made out of any kind of ordinary food. I say to my patients, Eat plenty of nutritious food, only avoiding that which seems to disagree with you. I give the same advice to mothers as regards their eczematous children.

The treatment here outlined cures eczema. In some cases the patient may seem slow in getting well, but if we take into consideration the etiology and pathology of eczema we cannot expect anything else. Of course, if there is any pathological lesion not



usually associated with eczema, it is noted and the indicated treatment given.

Gentlemen, I have now presented to you the Allopathic method and means, the Homeopathic method and means, and the Eclectic method and means (mine) of treating eczema. There is considerable difference in treatment, and some contradiction. But if there should perchance be some doctor present that wanted light on the subject of eczema, he ought to be able to find it in all of this diversity of opinion, method, and means. And if there be some doctor present who has greater light to shed upon this subject, he now has the opportunity.

DIPHTHERIA, ITS HISTORY, ETIOLOGY, PATHOLOGY AND TREATMENT.

A MEDICAL THESIS BY JOHN W. HARVEY, M. D., CLASS 1887.

DIPHTHERIA is a specific constitutional disease characterized by a granular fibrinous exudation upon the surface and into the substance of mucous membranes, and upon abraded surfaces generally.

Various countries of Europe were visited by epidemics of this disease in the sixteenth and seventeenth centuries. In the middle of last century it reached England, and in the early part of the present century it prevailed in different parts of the United States.

Dr. Samuel Bard, of New York, gave the first accurate description of the disease in this country and brought clearly before the profession its specific and contagious character.

PATHOLOGY.

The characteristic pathological lesion of diphtheria consists in a membranous or granular infiltration of some mucous surface.

Those of the pharynx, tonsils, uvula, and nasal passages are its most common seats.

The first change noticeable is a passive hyperemia, or capillary engorgement, next a morbid secretion of mucus. As the exudation is taking place into the epithelium, micrococci or spherica

bacteria are found, and as the diphtheritic process invades the deeper tissues the bacteria greatly increase in number.

Some regard the bacteria originating in the epithelial cells as a *result* of the pathological process, others that they *cause* the pathological change; however, the diphtheritic exudation may be regarded as granular fibrin of low vitality, which possesses no power of organization, hence must end in suppuration, or death.

ETIOLOGY, OR CAUSE.

Diphtheria is a specific animal poison, though how generated or propagated is not fully understood. It prevails epidemically or endemically. It also occurs sporadically. Climatic influences have little to do with its development, but it prevails most in fall and winter. Age seems to be a powerful predisposing cause; from the second to the fifth year is the period of greatest susceptibility, but no age is exempt.

One attack affords no immunity against a second or even more. Filth, bad sewerage, and drainage, overcrowding, exposure to cold and wet, and sudden chilling of the body, are all potent causes of diphtheritic attacks. In fact, any bad hygienic conditions favor its development and spread.

Until recently it was a vexed question whether it is first local and then constitutional or *vice versa*.

I believe the fact of its being first constitutional has been well established by the investigation of such men as Dr. Scudder, who says: "I hold diphtheria to be a general, as well as local, disease, as is proven by the languor, listlessness, torpor of the nervous system, and derangement of the secretory organs, which, as a general rule, precede all local diseases, being symptoms of perversion of the blood."

SYMPTOMS.

The symptoms of diphtheria are local and constitutional. The constitutional may precede the local, or both appear at the same time.

The ushering-in symptom varies not only in different epidemics, but in different cases in the same epidemic. It is usually ushered in by a chill.

The local symptoms begin with a sensation of dryness and

prickling in the throat, with perhaps a slight pain independent of attempts to swallow; there is more or less stiffness along the angle of the jaw, however the disease may commence. When fully established there will be noticed upon the anterior pillars of the soft palate, tonsils, and sometimes also upon the posterior pharyngeal wall, whitish patches surrounded by livid, tumified, and congested mucous membrane.

At this early period the exudation can be removed without causing even punctate hemorrhage. The sub-epithelial tissue becomes edematous, and later both tonsils, the uvula, and the anterior part of the soft palate will become edematous. As a rule, the more extensive the exudation, the thicker will be the membrane, and the firmer its attachment.

The diphtheritic process may extend from the pharynx into the larynx and trachea. Sometimes laryngeal diphtheria is developed when the primary seat of the diphtheria is in the nasal passages or in the mouth.

Laryngeal diphtheria occurs more frequently in children. The younger the child the more liable to laryngeal complication. The first symptom indicative of laryngeal diphtheria is a change in the voice, which loses its volume, becomes hoarse, rough, and indistinct, then falls to an inarticulate whisper.

The respirations become noisy and whistling, and dyspnea becomes more and more urgent as the exudation advances. The cough is first dry and stridulous, but soon loses its brassy tone, and is so peculiar as to be almost diagnostic of laryngeal diphtheria.

In children the invasion of the larynx is often very sudden. The attacks of difficult breathing assume a paroxysmal form, and in one of the paroxysms death may occur. Death is not from the action of the poison, but from local obstruction, which has mechanically forestalled its constitutional effects.

Auscultation reveals abnormal laryngeal sounds, together with râles of various kinds in the lungs and bronchi, which, if not properly appreciated, may lead to an incorrect diagnosis.

CONSTITUTIONAL SYMPTOMS.

There are no regular stages in development of the diphtheria,

therefore no typical description can be given which would include all cases.

The division of diphtheria into catarrhal, croupous, gangrenous, and septic forms, can only be made at the expense of facts, for they may merge into each other, and are only stages of the same diseased process.

Diphtheria may begin with well-marked, active symptoms, as a chill, fever, pain in head and back, nausea and vomiting, and even convulsions, or it may come on insidiously, the patient complaining only of the throat symptoms. It may run so mild a course that the patient at no time feels sick. The throat symptoms are not marked, and there is a small patch of exudation upon the tonsils, but it does not extend. Such cases rarely come under the treatment of the physician, unless it is in a family where a severe case has occurred, or during an epidemic.

THE PULSE

Is peculiar, and varies greatly in different cases. There are three distinct varieties. In a large number of cases the pulse from the very commencement is small, feeble, and rapid, ranging from 120 to 160 per minute.

There is a class of cases where the pulse rises to 120 or 130 early in the disease, but falls to 70 or even 60 within twenty-four or forty-eight hours from the onset. There is the third class, in which the pulse is irregular and intermittent throughout the entire course of the disease.

TREATMENT.

The treatment of diphtheria will be considered under two heads, local and constitutional.

EXTERNAL LOCAL TREATMENT.

Blood letting, local and general, as used to be practiced, is harmful, lowering the vital powers of the patient without checking the exudation. Counter irritation, as blistering, is pernicious, as every abrasion of the skin is liable to become the seat of diphtheritic exudation. Ice bags to the throat, which is a favorite plan with some, is harmful, as it lowers vital powers and does not influence the exudation.

The diphtheritic exudation is removed by a suppurative process, hence the external application of hot fomentation is indicated. The one that I have used with great satisfaction is as follows:—

R Vinegar, Oj.
Fl. ext. humuli, ℥iv.

Apply to the throat by saturating flannel cloths; change as often as necessary to keep up heat and moisture.

INTERNAL LOCAL TREATMENT.

Spray the throat with a two to four per cent solution of carbolic acid every four to six hours. To hasten the exfoliation of the membrane, and to prevent or limit septic poisoning, I use

R Bromine, gtts. x.
Aqua, ℥iv.

Let patients inspire the fumes once, remove the vial, and let them breathe the air, then replace it and remove it until they have had three inspirations of the remedy. Repeat twice a day until the membrane is cast off.

CONSTITUTIONAL TREATMENT.

Phytolacca and aconite are considered specifics by the Eclectics, and I am satisfied that they should be used in the first stages of nearly all cases. Phytolacca should be used throughout the entire course of the disease.

When the pulse shows debility, or is intermittent, I would discontinue the aconite and use the following alternately with the phytolacca:—

R Quinine suph., grs. xx.
Ammonia mur., grs. xxx.
Syrup prunus virg., ℥iv.

M. Sig.—Take teaspoonful every two hours. If the special indications for any other remedy be present, give that remedy. Strictly avoid all depressing remedies.

The stimulating plan should be carried out more thoroughly than in any other infectious disease. An intermittent and irregular pulse demands free stimulation. An increasing apathy, a feeble pulse, irregular at times, a dry tongue, a dark and offensive smelling exudation, often indicates a crisis which may be tided over by stimulants.

The diet should be milk, yolk of eggs, or, what is better, some predigested food, the object being to get the greatest amount of nutrition out of the smallest amount of food.

If the nutrition be kept at a high standard and the use of tonics be persisted in, paralysis, which is the chief sequel of this disease, may be avoided.

TÆNIA SOLIUM.

BY J. W. HUCKINS, M. D.

THE original source of origin of the tape-worm is from the hog. The cysticercus cullulose, or pork measles, is the larva, or scolex, of this tape-worm. Consequently, it is very common among pork eaters. A heat of 212° Fahr. is supposed to destroy the larva, but it is doubtful. At all events, imperfect cooking, raw or partially cooked sausages, hams, etc., of which a great amount is consumed at lunches, forms an item in its production. Besides, the lovers of early vegetables, as cabbage, onions, salad, etc., are great sufferers from this worm, as they are generally manured from the contents of cess-pools which are teeming with the ova of this worm. It is very common among the inhabitants of all cities who are compelled to drink water into which sewerage has entered. Such rivers are loaded with millions of the ova of the parasite. So can we wonder at the great prevalence of the parasite so long as sewerage is permitted to enter water to be drank by man or beast? Whether from the hog or from water or otherwise the entrance of the ova into the human body is by the mouth. But the ovum will not hatch till it reaches the duodenum; in that delicate bed it germinates and makes an attachment. Although there may be a large number of eggs swallowed, there is usually only one that makes it his abode.

The symptoms of the tænia solium are obscure in some individuals. Others complain of the stomach, as if something was alive in it, and the bowels with a sense of weight. The abdomen swells and subsides at intervals. The appetite is voracious, livid complexion, vertigo, dilated pupils, vomiting, convulsions, tremors of the body, and if epilepsy is present severe fits, etc.

The remedies for tape-worm are of various kinds, such as pumpkin seed, male fern, kousso, kamela, rottlera, turpentine.

Mr. C. came to me saying that he was troubled with tape-worm and had been treated by two or three doctors without accomplishing the expulsion of the entire worm. He also said he had been under the treatment of a specialist, but with the same result as before. I directed him to abstain from food of all kinds but allowed him to drink all the lemonade he wished, but he drank the pure lemon juice, and the result was that he passed about four or five feet of the worm next day. Whether this was caused from the action of the lemon juice or not I cannot say. I directed then:—

R Comp. powd. jalap, ℥i.
 Aqua bull., ℥ii.

M. Sig.—When cold take dregs and all. As soon as this was through operating administered:—

R Granati bark, ℥iv.
 Aqua bull., ℥xxiv.

Steep and reduce by evaporation to eight ounces.

M. Sig.—To be taken at one dose within one hour. After taking the latter had some nausea, which I controlled by having him drink about an ounce of cold coffee at intervals of every fifteen or twenty minutes, soon after this he had a desire to go to stool, but could pass nothing. Directed then:—

R Comp. powdered jalap, ℥ss.
 Aqua bull., ℥iss.

M. Sig.—When cold drink dregs and all. In fifteen minutes after taking the latter the worm passed with head attached and alive; was twenty-eight feet long. In a second case the same treatment was given, and in about eighteen hours he passed a worm which he said he thought was about sixty or seventy feet long. I did not see the worm myself, so I cannot vouch for its length, but I got the worm, head and all, for the head and about ten feet of the worm was brought to me to see if it was the head, as some parties said that they did not think I had got the head, but I soon proved to them that I had. I have used this treatment in five or six cases, and I have not been disappointed with it in either case. Try it and report.

ARREST OF FŒTAL DEVELOPMENT.

BY JOHN FEARN, M. D., OAKLAND, CAL.

ABOUT twelve months ago a gentlemen called upon me for advice for his wife; they had been married but a few months. Her symptoms were very ambiguous, and yet I thought they pointed to the fact of conception having taken place, and so I told him. I gave him a few hygienic instructions for his wife and dismissed him without medicine.

My diagnosis in a short time seemed to be proved correct beyond the shadow of a doubt. All the symptoms of pregnancy were developed till life was distinctly felt in the motions of the child. About the fifth month motion of the child ceased—the abdomen began to decrease slowly but surely, till she was so reduced that her neighbors thought she must have miscarried. While this diminishing in size of abdomen took place there seemed to be a weight which settled down across the lower portion of the abdomen. About the sixth month she had some show and felt as though menstruation was about to take place, which passed off. At seventh month she was very nervous and suffered from strong expulsive pains. I prescribed:—

R Spec. macrotys, gtts. x.
 Spec erythrox coca, 3ss.
 Aqua to 3iv.

M. Sig.—3i every hour till relieved.

This acted like a charm so that she had but little more of this trouble—and what there was was controlled by the medicine. At this time her appetite was very poor, she lost flesh quite rapidly, till she became very much emaciated. There was no sepsis in the case, and yet with the exception of the early months it was a very much masked case. It looked more like a case of pseudo-pregnancy than anything else. I wrote a detailed account to Professor Maclean, M. D. He thought it more like pseudo-pregnancy than a genuine case. The ninth month came; she suffered all one night. I was called to

see her about 5 A. M., and found her in labor, and in a short time delivered the foetus membranes all complete; the foetus seemed to be hermetically sealed in the membranes. Nothing seemed to pass in or out. The membranes were very strong, with a dry, leathery feeling to them. When this was ruptured the contents were found to be about 5 or 6 $\frac{3}{4}$ of a dark-looking liquid, with a strong fecal odor. The foetus seemed to be about the development of the fifth month; it seemed to have made no progress since that time, but had become, with the exception of the liquid, considerably mummified. I now ascertained for the first time that about the time of cessation of symptoms of life she fell down the steps leading to the front door, and doubtless at that time the foetus received its quietus. She made a good recovery and soon began to recover appetite, strength and flesh.

**REPORT OF THE GRADUATING EXERCISES OF
THE CALIFORNIA MEDICAL COLLEGE
(ECLECTIC), NOV. 23, 1888.**

BY T. D. HALL, M. D.

MR. EDITOR: I had the pleasure to receive an invitation to be present at the annual commencement exercises of the graduating class of the California Medical College, Eclectic, of 1888. I was considerably surprised, in looking over the invitation, to find the students had secured one of the largest and finest halls in San Francisco, for this their first public exercises since removing the college from Oakland.

The students worked earnestly early and late, and spent their money freely to make it a success; and a well-deserved success crowned their efforts. The hall was crowded, and no finer audience ever greeted a graduating class in California. The rostrum was beautifully decorated with flowers and ferns.

The Faculty occupied the rostrum, George G. Gere, M. D., the college surgeon, presiding. The services of the second regiment brass band, the first band in the city, had been secured, and discoursed a fine selection of music during the evening.

J. W. Hamilton, M. D., Professor of Gynecology, delivered a

brilliant oration on "Eclecticism in Medicine," which subject he handled in a masterly manner. The oration occupied about one hour and a half in its delivery, the speaker being frequently and loudly applauded while informing the audience the American School of Medicine (the Eclectics) had come to San Francisco to stay.

The Dean, D. Maclean, M. D., by the powers invested in him by the State, then conferred the degree of M. D. on the following ladies and gentlemen, amidst a general applause: Jessie C. Farmer, Mrs. Clara L. Reid, Mrs. Kate E. MacRae, Mrs. C. Morosco Von Langau, Charles N. Miller, William A. Harvey, John C. Schlarbaum, Albert G. Smith, August Vesper, John P. Wilkes.

The Rev. R. Harcourt, D. D., then delivered a very impressive address to the graduates. The exercises closed at 11 p. m., the audience being so deeply interested that none retired until the close. During the evening, Miss Maria Schmitz displayed her splendid talents in music, both instrumental and vocal, which was highly appreciated. The Balfian quartet, composed of four male voices, hired especially for the occasion, rendered a fine selection. An invitation was extended to the Faculty and their ladies to attend a splendid banquet provided by the students, where speeches and champagne flowed until 4 o'clock in the morning.

The daily journals' report of the exercises and banquet occupied columns in length. Certainly the American School of Medicine scored a success which will be of great value in the future.

CORRESPONDENCE.

PLYMOUTH, Amador Co., Cal., Jan. 7, 1889.

H. T. WEBSTER, M. D.—*Dear Doctor:* I have an old gentleman under my care who has disease of the brain. He had a slight stroke of paralysis about two years ago, and has been failing ever since; pulse quite strong, loses a stroke once in five or ten strokes, pulse runs up to 80 and 100;

paralysis on right side, tongue coated white, breath very offensive. I gave him chlorate potash for this, and the offensive smell has about all gone. I also gave him sulphite soda alternately. He cannot put his tongue out of his mouth. When he tries to he cannot, and it trembles on making the effort. His right leg is black from the foot to the crest of the ilium and moderately cold some of the time and warm at others. Now, doctor, what do you call this? and what is the treatment for it? What causes this retarded flow in the venous blood in the leg? Does Scudder speak of it in any of his works? If so, on what page will I find it? I have looked for it in all the works I have and I can't find anything in regard to such troubles.

The pupils of his eyes are contracted, can't sleep but little, picks at the clothes and at other things that are around him; he also has an impediment in his speech. I can account for all this, but I cannot for the stagnation of the blood in the leg, so tell me what it is and also the treatment for it if you please.

Yours truly,

DR. J. W. HUCKINS.

P. S. I gave him aconite and gelsemium for his brain. He could not retain his urine, so I gave for that trouble rhus aromatica, which has helped him very much.

[The peculiar state of the right leg is probably dependent upon perversion of the portion of the nervous system that controls the circulation in that part. The patient will probably never recover. Some standard work on nervous diseases may be consulted for explanation of these phenomena. In the meantime alleviation of prominent pathological states is all that anyone can expect to accomplish.—Ed.]

AN INFANT'S STOMACH.

EDITOR CALIFORNIA MEDICAL JOURNAL: There is an infant in San Francisco that I have watched with interest for more than three months. She is a strong, healthy child. Name, Laura Strong, and the name suits her. She stands about two feet seven inches high, and weighs between twenty-four and twenty-five pounds. Was twelve months old on December 21, 1888.

Now the most singular part is that she is placed at the table three times a day and fed with every article of food that other and older members of the family eat, such as meat, potatoes, beans, bread, onions raw and cooked, apples, oranges, and hot bread and cakes, tea, coffee, beer, wine, whisky and milk, and yet she is never sick, and never vomits. I have fed her myself just to see what she could stand, and the meal consisted of two medium-sized potatoes, two ounces of fat pork, one-third cup of milk, one tablespoonful of wine, and no bad effect followed. On her birthday (last Friday), December 21, she was given cake, candy, oranges, and wine, between her usual meals at the table, besides nursing the breast, and cabbage for dinner, and I must not forget to state that her mother will always take her up out of a sound sleep to get her meals with the family, and takes pride in announcing that she does not wish to deprive her baby of a warm meal. And when I tried to tell her that sleep was healthy she informed me that her babe was never sick in her life, notwithstanding that she had been fed as I have seen since she was four months old. She is a real professional puzzle to me, when I see men and women who can't eat this or that article of food with comfort, while this baby, that should be at least kept on a lighter diet, is being daily fed on strong meats and drink.

DR. MOSSSEN.

SELECTIONS.

THE RELATION OF ABNORMAL STATES OF THE HEART TO ABNORMAL CONDI- TIONS OF OTHER ORGANS OF THE BODY.

THE KIDNEYS.

THESE organs probably suffer from heart diseases more than any others. Acute congestion may arise from hypertrophy, that form of enlargement in which there is a thickening of the walls of the left ventricle, causing an increased force of the blood current. If there is at the same time an incompetency of the aortic valves, the blood current is allowed to spend its full force on the arterioles. The result is this condition—an undue distension of the small arteries, otherwise aneurisms, and extravasations of blood from rupture of the arterioles. In acute congestion of the kidneys these organs, when cut into, show scattered dark points, or minute ecchymoses, and there is a discharge of dark-colored, watery blood, showing an edematous condition. Microscopically we find evidences of engorgement of the blood-vessels and an infiltration of serum into the interlobular tissue. In the tubules the epithelium is found to be granular, and the lumen is choked with coagulated fibrin.

Here we have the first stage of a form of Bright's disease, and we can appreciate how important it is that we should control a heart which forces an abnormal amount of blood into the delicate tissue of the kidneys. It will surely cause inflammation unless the power of the heart is lessened. Beside hygienic treatment and the prohibiting of overeating, use of alcohol, and excessive physical exertion, we must lessen the heart's action by use of aconite, veratrum viride, cactus, lycopus, cyanuret of zinc, and others. It must not be forgotten that in the majority of cases cardiac hypertrophy has its origin in the kidneys, or in an excessive

arterial tension in those organs. This tension, or diminution in the size of the arteries, with or without atheromatous rigidity of their walls, always increases the action of the heart in order that it may overcome the resistance, and from this increased action we get either thickening or thinning of the left ventricle.

Hypertrophy, with dilatation, implies, always, a decreased force in the arterial circulation, and the decreased force always leads to that most unfortunate of all conditions of the kidneys—passive or venous congestion. The results of this venous stasis are a proliferation of cells in the connective tissue of the kidneys, and every organ where this condition exists; the organs become larger and denser, on section a glutinous fluid exudes, and in time a distinct cirrhosis results. Thus we get cirrhosis of the kidneys, of the liver, of the spleen, and even of the uterus.

This interstitial nephritis may also be accompanied by metastatic nephritis from embolism. This affection of the kidneys resulting from heart disease, especially valvular failure (but equally from any other cause leading to venous congestion), has been fully investigated by many leading pathologists.

The effect, says Fothergill, of venous stagnation on the kidneys, of structural changes, induced by venous hyperemia, points out how very important it is to secure good acting power in the heart, not only for its own maintenance, but to avoid and delay as long as possible the venous congestion which inaugurates the renal changes. The importance of securing good ventricular contraction, of good circulation, is demonstrated unanswerably, and the therapeutic importance of that list of agents which induce increased ventricular contraction is enhanced. We have seen that heart failure is the turning-point in the progress and prognosis of chronic renal disease, when a cause of heart disease; and now we see what a disaster impeded circulation from heart failure is in ultimately overtaxing the organ already enfeebled.

The clinical importance of avoiding venous congestion

from heart failure, of improving the action of the heart by aiding in securing compensatory hypertrophy, or delaying, so long as may be, the venous congestion, no longer to be averted, is demonstrated only too clearly. In heart disease the appearance of albumen in the urine, with exudation casts, marks the inauguration of a secondary process, which will work evil, and that, too, in no long time. In a little while chronic Bright's disease, with all its consequences, is firmly established, and it may not be possible, always, to determine which lesion came first in the order of time. It matters not which has priority, the failing heart must be treated. The condition known as dropsy, when not idio-pathically renal, is always due to a weakened heart. This weakness may be due to fatty degeneration or to dilatation from continued distension. So soon as there is failure in the heart's power we get deficient circulation. Limiting my remarks to the condition of the kidneys, the first effect of a deficient arterial circulation in these organs is venous congestion. In the first place, we get obstruction in the renal vein, and from that albumen and exudation tube-casts. But this is not all; venous congestion affects the nutrient branches of the renal artery and impedes the flow through them, interfering with the elimination of solids. While these positive results follow from venous congestion, we get, negatively, diminished bulk of urine. This does not result altogether from venous congestion, for the narrow continuations of the blood-vessels from the glomerule, prevent its acting very strongly. It is chiefly the result of diminished arterial pressure. Venous congestion means diminished arterial pressure. The blood lying in excess on the venous side, the arteries are not as well filled; this tells on the arterial pressure, which results in diminished bulk of urine—thence dropsy. I have thus described the pathological condition in the kidneys, that it may be clearly seen that in order to treat dropsy successfully, we must restore the heart to its normal power. We must make it force the blood into the renal arteries, until we get normal pressure therein, before we can increase

the bulk of the urine. It will do no good, but rather make matters worse, if we give medicines which have a direct action upon the kidneys.

These are only useful in idiopathic renal diseases before the heart failure has set in. It is a notable and important fact, that all those medicines which are really useful in cardiac dropsy, are those which by their physiological action increase the working power of the heart. Another notable fact is, that all these medicines were first known as diuretics, and their influence on the heart was discovered later. The following medicines I will mention in the order of their value. In their early history they were classed as pure diuretics. Later investigations show that they do not affect the kidneys as diuretics, until they have increased the force of the heart's contractions, and the pressure of blood in the arteries, and removed the venous congestion. It may be asked, "Are they all strictly homeopathic to the conditions which result in cardiac dropsy?" I answer, "Yes."

1. Their primary effect when taken in pathogenetic doses, in healthy persons—abnormally increased action of the heart, increased blood pressure in the arteries, congestion (arterial) in all organs, and even aneurisms and extravasations from arterial capillary vessels.

2. This condition, if long continued, can result in no other than a reaction, or secondary condition, which is just as much a drug effect as the primary. While the primary condition resembles that brought about by an hypertrophied and thickened heart, the secondary state is similar to that in which the muscular fibers, unable to bear the strain, have become degenerated, and fail to contract with sufficient force to fill the arteries, resulting in venous stasis everywhere. Now, I hold, and have taught for twenty years, that this secondary state, caused by drugs, should be made the basis of drug selection, according to the homeopathic law, just as much as is the primary.

Digitalis is now, and will probably be for centuries, the principal drug in this category. You are all familiar with

its action on the heart and the general system. You know that it stimulates the cardiac muscle to unnaturally forcible contractions, and that were it not for the power it possesses to contract, at the same time, the distal arteries, its extreme effect would be to cause active congestion, inflammation, and hemorrhage in every important organ. This arterial contraction reacts upon the heart, increasing the strain on the walls of the ventricles, until they close in systole and death. But if this fatal result does not occur, the overstrained ventricles relax and dilate, their muscular tissues become thin, and fail to fill the arteries. After this, the result is venous congestion and effusion of serum.

Adonis has an action on the heart and circulation similar to digitalis, and often acts in cardiac failure and its resulting dropsy better than the latter.

Convallaria resembles both, and will often remove cardiac failure when they have failed.

Strophanthus, the newest cardiac drug, has been used with very excellent success. It does not contract the arterioles as much as the others, and is considered safer in many respects.

Apocynum cannabinum has been used for a century as a potent remedy in dropsy, but it is only recently that its active principle, apocynin, has been found to be an energetic heart tonic, acting like digitalis.

Cactus, so favorably known to us, is a cardiac stimulant, causing veritable spasms of the spiral muscular fibers of the heart. It is largely used to combat symptoms similar to its primary and secondary effects, and in certain cases will remove cardiac dropsy with great celerity.

Helleborus niger was used among the ancients as a potent remedy in dropsy. Singularly, they relied as much upon its hydragogue as upon its diuretic effects. It is now well known that its alkaloid, helleborin, is a powerful cardiac stimulant in its primary action.

Iberis amara, although not much used, has a favorable influence in cardiac dilatation attended with dropsy.

Scoparius, or "broom," is an old and valued diuretic. It was once the chief medicine in obstinate dropsies. Within a few years its alkaloid, sparteine, has taken a place alongside of digitalis, and shows in many cases a powerful action on the kidneys.

Oleander and its active principle, nearin, has been found to belong to the same class as the above, but it has not yet been used in disease. It is predicted that it will rival digitalis.

Caffeine is probably the most powerful heart energizer yet discovered. In massive doses it will rapidly tetanize the healthy heart. In threatened cardiac paralysis, five grains every two hours has apparently snatched the patient from the jaws of death. In those cases of rapid heart failure which sometimes occur in pneumonia, typhoid fever, and extreme dilatation, two grains every two or three hours have restored the force and rhythm of the heart in a short time.

Sterculia (xola), an African nut, which contains caffeine and theobromin, bids fair to rival any of the above. The time will come when the powerful alkaloids of all these cardiac medicines will be used instead of the crude drug.

THE UTERUS AND OVARIES.

It may seem strange that I should connect diseases of the uterus and its appendages with cardiac disorders. It is not so much the acute disorders, as the chronic, which I shall discuss. No one will deny that inflammatory affections of the heart do have some influence on uterine pathology. We often find acute arterial congestion of the uterus and ovaries, acute hemorrhage, and even dysmenorrhea, aggravated by an enlargement of the heart, or even undue excitement of that organ.

Witness the subsidence of these conditions when the woman is put under the influence of such cardiac sedatives as aconite, cactus, gelsemium, or veratrum viride. But I will not further discuss this point, but proceed to the consideration of chronic maladies of the uterus. The scientific and talented Dr. Mary Putnam Jacobi, in a notable paper pub-

lished several years ago, observed that "the first link in the chain of uterine pathology is venous stasis." To this cause, she asserts, are due the nutritive changes, the displacements, the flexions, many amenorrheas, dysmenorrheas, and hemorrhages of various kinds, which attend uterine disorders. If you will recall what I have said of the changes in the kidneys, caused by venous congestion, you will more readily comprehend the above statement. Now, as in the kidneys, venous stasis of the uterus is not always due to a failing heart. It may originate in some local disorder, or traumatic condition. It may originate in suppressed menses, after miscarriage, or post-partum. It may be due to a sudden cold or powerful emotion, when the vaso-motor nerves are irritated, resulting in spasm of the arterioles. But these local states may finally result in heart failure, just as undue tension of the renal arteries may cause such changes in the kidneys as will soon result in Bright's disease.

While we are treating these acute disorders by aconite, belladonna, cactus, veratrum viride, aurum, or glonoine, we should be on the watch for that weakness of the heart, more common in women than in men, which so often attends the failing health resulting in any uterine ailment; for as soon as the circulation is weakened, the local disorder tends to become chronic. So soon as the heart loses its power of propelling blood freely and forcibly into the arteries of the uterus, pathological changes are sure to be perpetuated. If a weakened heart has anticipated any uterine disorder, that organ cannot long remain free from disease. In such cases, local treatment, no matter how skillfully applied, will do but little more than palliate. If a woman gets up from a miscarriage or confinement, with a loss of the heart's normal power, as she is sure to do if she has lost much blood, or has not been properly fed or nursed, the acute congestion of the uterus will change to venous stasis, unless we tone up the heart and increase the blood by means of iron and digitalis, china and nux vomica, with nutritious food, fresh air, and proper exercise. If the local weakness results in retro-

flexion, the pessary will not cure until we restore the circulation to its normal force. That condition called areolar hyperplasia is the same as hyperplasia of the connective tissue of the kidneys. Both are caused by venous congestion. In the former we have scanty menses and sterility; in the latter, Bright's disease and dropsy. If there are structural changes in the heart, organic weakness and chronic venous stasis in the uterus and ovaries become fixed, rebellious to treatment, and often incurable. There are two points I desire to emphasize relating to treatment of chronic disorders of the uterus:—

1. That in connection with proper hygienic surroundings, good diet, pure air, and a good climate, we should always prescribe some one of the known and trustworthy cardiac tonics. Those which have an affinity for the reproductive organ, as well as the heart, should obtain a preference. Among the most important of the latter class are *nuxvomica*, *ignatia*, and the alkaloid common to both, *strychnia*. There is no drug which is a better energizer of the heart than *strychnia*. Under its use the hypertrophied and dilated heart decreases in size and increases in thickness. At the same time the tonicity of the uterus and its appendages is increased and the circulation in those organs equalized. *Convallaria* and *lilium tigrinum* come next in order. The former, as shown by recent provings, acts upon the heart similarly to *digitalis*, while it does not cause the same amount of arterial tension. It has also a specific action on the uterus and ovaries. During its primary action they are stimulated and congested. During its secondary action the heart becomes engorged with venous blood, making them subject to nutritive and structural changes. *Lilium* has a similar action, but is different enough to enable us to differentiate them. *Cactus grand* has a specific affinity which is well known to all of you. *Strophanthus* will, I predict, when better known and proven on the female organism, prove to be a valuable remedy in such cases. *Digitalis*, especially when associated with *strychnia* or iron, is of inestimable value in chronic

cases, complicated with muscular atony or blood impoverishment.

The above remedies, when aided by those medicines which have a specific affinity for the reproductive organs, like *sepia*, *calcareo*, *cimicifuga*, *secale*, *aletris*, *hydrastis*, and *viburnin* enable us to treat successfully all the non-surgical diseases of the uterus.

I fear that I have not presented this subject as forcibly as I should. It demands a more facile pen and a wider experience, but if I have given you food for serious thought, and a fuller appreciation of the value of restoring the normal integrity of the circulation, I shall be satisfied with my endeavor.—*E. M. Hale, M. D., in Hahnemannian Monthly.*

INTUBATION OF THE LARYNX IN CROUP.

It has sometimes been my lot to treat diphtheritic and membranous croup, and my success in treating them has not been more flattering than most others of my professional brethren. I have performed tracheotomy, and I have tried every means to relieve them, and after all had been done many of them died from asphyxia by occlusion of the larynx.

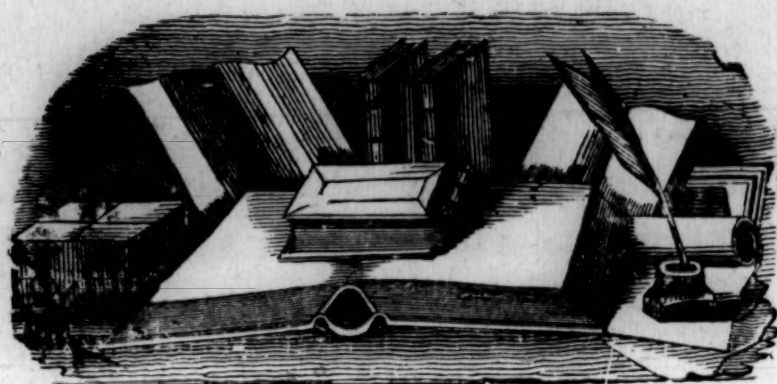
In two recent cases I resorted to intubation with O'Dwyer's apparatus. The first of these two cases was pure membranous croup, coming on slowly with hoarseness and increased difficulty of respiration and the well-known metallic cough. The pharynx by inspection showed small specks of the whitish membrane dotted over the parts, which spread and grew thicker, until a fatal termination was imminent, and the shrill inspiratory sound, and the tension of the respiratory muscles, called urgently for immediate relief, lest death should speedily close the scene.

At this juncture I called Dr. R. F. Erdman, who, with my assistance, introduced one of O'Dwyer's tubes into the larynx, and in a few moments the distressing dyspnoea and the blue color, showing non-aeration of the blood, ceased as if by magic, and the child slept easily and awakened with a good circulation, and was thenceforth treated with nitrate of sanguinaria internally.

and a throat-spray of lime water. In three days the tube was removed, and we had a good recovery. This child was three years old, and I am quite sure, from past observation, that without the tube she would not have lived three hours.

Case second was a little girl six years old, who presented a case of pure diphtheria. I saw her first on the third day of her illness, and her throat was then much swollen, and the diphtheritic membrane extensive. The parts affected were dark purple, and the smell extremely offensive. On the following day a hoarse cough began, and she experienced great dyspnœa, when we inserted the laryngeal tube at 2 o'clock P. M., and she breathed easily during the afternoon and till midnight, when the dyspnœa returned, and she assumed a yellow, ashen color, with pale mucous membranes and white lips, and prostration, showing a profound infection of the system by the diphtheritic poison, and death ensued at noon on the following day.

The comparison of these two cases leads me to the following conclusion, viz.: In true membranous croup, showing the white false membrane, and without the purplish discoloration of the mucous membrane, and coming on slowly with hoarseness, thus showing the distinction between it and diphtheria, the use of the tube is invaluable, and gives us the necessary time to combat a disease which otherwise would be surely fatal. But in malignant diphtheria and croup resulting therefrom by extension into the larynx, the disease is so apt to cause gangrene and sloughing, and thus by swelling of the parts occlude the tube or extend below it, that it offers little hope, while if the diphtheria is not malignant, it can be controlled before reaching the larynx. Nevertheless, I recently saved one child who was suffering from severe diphtheria, while the throat was very dark purple and much swollen with extensive false membrane, and who developed a croupy cough, by the use of baptisia combined with the nitrate of sanguinaria. We must bear in mind that the membranous product of diphtheria is yellow, while that of true croup is white. The tube was not used in the case of the third child just mentioned.—
J. C. Kilgour, M. D., in Eclectic Medical Journal.



EDITORIAL.

New Year's Salutation.—As the JOURNAL does not reach its readers until the latter part of the month, a “wish you Happy New Year” in this place would be something of a chestnut. Indeed, it is something of a chestnut already in some quarters, and we assuredly will not disturb the old bell for a twelve-month more, at least.

In California the happy New Year comes without the wishing. Balmy air, golden sunshine, refreshing showers, pleasant odors, verdant landscape, and attractive blossoms, charm the eye and please the senses, leaving no yearning for a happier New Year, if the physician is absorbed in his calling, for he will be deriving sufficient pleasure from its study to supply all other lackings.

With the opening of the year, however, a retrospect is not amiss. With all our natural advantages how much are we, as California Eclectics, doing to deserve a place in the history of Eclectic medicine, to sometime be written? How many of us will have our names in its pages? How much have we added to the general fund of knowledge? How much have we aided in the progress of the past year?

Have your last year's volume bound, and look it over for an answer to these questions, for no one can say that it does not faithfully represent Eclectic progress in all quarters. We fear that, after careful inspection, California will be weighed in the balance and found wanting.

California air inclines to indolence. Our practitioners are not ambitious enough. They are too content to live within themselves, and leave the writing for someone else to do.

We are not remarking thus in disparagement of those who have so ably assisted in the past. We only regret that the number of those apparently interested is so small. Let every one of our readers consider himself a member of a medical society, of which the JOURNAL is the mouth-piece, and let him resolve to contribute at least one article a year to its pages. Let that article contain some practical observation upon the treatment of some case, or upon the clinical value of some particular remedy. Let it contain at least one idea that will be new or interesting. If such does not occur, let the article contain an experience, with some remedy not generally employed, that our stock of knowledge may be increased. Or let the writer pen anything which may seem interesting to himself, and he surely will find more than one interested reader.

Thus will come the happy New Year, if anything already is lacking—the consciousness of having made an effort for the general good.

The Principles of Selection.—A personal acquaintance with the healthy body and one based upon all that the trained senses can detect, is as essential to the study of drug selection as a knowledge of written physiology, for much thus acquired cannot possibly be taught by books. This is the part of the physician's education which assists in those happy perceptions and impulses that often help him out of a dilemma, and to which the term "intuition" has sometimes been applied. The physician thus learns to observe what words would but doubtfully express, but which his own senses assure him to be truthful indications for this or that remedy.

The expression of the eye, its luster, the condition of the pupil, the facial expression, the color, shape, and consistency of the tongue, its freedom from coating, the color, transparency, and suppleness of the skin, the full, open, regular pulse, the easy rise and fall of the chest in respiration, the absence of unpleasant odor, pose, and movement—all these and much more constitute standards of condition and action from which to calculate not only the existence of disease when deviations occur, but also by

the variety of deviations to adapt remedies to given abnormal expressions.

But this cannot supply the place of well-adapted physical exploration, and the application of every other means which may confirm what such a study might suggest. Physical exploration, careful examination of the excretions, thermometry, microscopy, all the tests which science can afford, are of value in general practice in order to pave the way to proper selection of remedies.

Knowledge of pathology is an important aid to the therapist. Take for example such a disease as typhoid fever. Here we may have a variety of therapeutic indications manifested during an epidemic, or even during the course of a single case, but in all a knowledge of the fact that much of the force of the disease is spent upon the intestinal structures—Peyer's patches—prompt us to guard these tissues from beginning to end, and we administer baptisia for this purpose, without regard to other indications or treatment, believing that it specifically influences the affected parts to sustain their vitality.

In numerous cases this same principle applies. With a knowledge of the pathology of a disease, of the part liable to suffer damage from the affection, or the tissues suffering most severely, and of remedies which influence the restorative powers of the part, we may be able to make our therapeutic selection upon rational principles.

A knowledge of pathology also enables us to direct our treatment to the correct purpose when there seems to be prominent indications for therapeutic application in an opposite direction. Take senile gangrene, for instance. The ignorant quack will attempt to control the gradually progressing death of an affected member, due to the occlusion of the supplying artery, with his antiseptics, locally and internally, when the rational plan would be the administration of such remedies and diet as tend to prevent the progress of calcareous deposits and dissolve those already formed for removal from the body, that blood may permeate the starved tissues and rejuvenate them, or at least form a line of demarkation.

A knowledge of the pathology of fever enables us to rationally provide by therapeutic means, through the employment of the sedatives and proper nourishment, against the grave tissue changes that might otherwise lead to a fatal issue.

A physician may meet with some success in practice without devoting study to pathology or becoming acquainted with its leading facts, but there will come a time when he will ignominiously fail in the proper selection of remedies, and become a laughing stock for his competitors if he neglect so important a study.

Plasma remedies are indicated by abnormal color of mucous membranes, especially of the tongue, color and transparency of skin, odor of exhalations, character of abnormal discharges, peculiarities of accumulations on the tongue, and peculiar states of the nervous system.

Impoverished states of the blood are marked by pallor and transparency of skin and mucous membranes, and with debility, indicating such agents as improve the ability of the blood-making processes, as electricity, massage, the hypophosphites, copper and iron (?).

Depraved states of the blood present us with a variety of expressions. In continued fevers these may alternate or succeed each other, thus demanding, during the course of the disease, a number of changes perhaps, each expression calling for a specific corrective. Whatever the disease, according to the generally accepted nomenclature, the specific symptom or expression indicates the specific remedy, and not the name of the disease, which may present entirely different expressions under other circumstances or in other cases. In chronic diseases such expressions are more stable, but they indicate no less positively the specific corrective.

The practice of using these agents may be said to have arisen from empiricism, and in numerous instances little rational explanation can be made of the application. Clinical experience, however, the most conclusive argument, favors their use, and we accept them.

Salol—Rheumatism, Neuralgia, Decomposition of Urine, Hepatic Disorders.—Have you ever used salol in your practice? A compound of carbolic and salicylic acids—very familiar agents—it does not strike one that the remedy would offer very much of additional advantage in the therapeutic field. Still we sometimes find remarkable qualities arising from combinations, and this remedy is gaining some reputation for uses to which neither of its original constituents can lay claim.

Rheumatism has been successfully treated with salicylic acid and the salicylate of sodium, perhaps as much so as any case which has been medicated with salol. Possibly, however, salol may abate the excruciating pain of certain cases more promptly. There are instances where the practitioner might hesitate in deciding whether a case were rheumatic or neuralgic in character, where excruciating twinges fly along the branches of the lumbar, and sacral plexes, selecting without particular partiality the sciatic nerve and its branches, or the radiations of the anterior crural, while other parts of the anatomy are suffering from muscular pain. Perhaps in such cases salol may prove the best remedy we have; it at least is worthy a trial. We must individually become acquainted with the new remedies in order to judge of their merits. It is not best to fritter away time with those that do not afford ready response, but everyone can spare a little time and expense to investigate, and in this manner we may prevent a really valuable agent from "giving us the slip," so to speak.

The influence of this drug in correcting decomposition of kidney products, is also highly extolled in some quarters. It is said to exert a marked influence upon the urinary apparatus, and is believed to correct septic changes in the urine as they occur in pyelitis, cystitis, and vesical paralysis. Alkalinity is neutralized and perhaps other conditions corrected.

A valuable place for the drug, if expectations are fully realized, is in hepatic difficulties depending upon derangements of the bile-secreting apparatus. Jaundice, depending upon inspissation of the bile, biliary calculi, catarrh of the bile ducts, and kindred disorders, may find in salol a more positive remedy than has hitherto

been brought forth. Levachoff (a Russian we should suppose from the "off" name) has found that salol will dissolve biliary calculi. Let us hope so, and investigate the subject when opportunity presents.

Salol is also credited with antipyretic properties, but there is a bare possibility that we are getting too many agents of this class on the list. Certainly we have a goodly number of antipyretics already, and it seems quite rational to be a little careful that we do not overdo the antipyretic business.

The worst recommendation of salol is that it has been crowded upon us by manufacturing houses which seem to vie in regarding the medical profession as a set of stupid posts without the ability to think for themselves in the line of therapeutic combinations.

Time was when the physician proposed the formulæ and the pharmacist did the manipulating, but how fashions seem to change!

The Influence of Heat upon Organic Medicinal Extractives.—Prof. J. U. Lloyd, in a paper recently read before the Cincinnati Eclectic Medical Society, confesses to a recent change of mind as regards the influence of heat upon certain medicinal principles of plants.

The professor asserts that while the organic materia medica contains many drugs that are rendered valueless by the application of heat, the proposition does not constitute the rule with all, as many delicate plant constituents are not injured by short contact with boiling water.

The writer has long observed this with a few organic remedies in frequent use, noting that decoctions are more efficient in bringing about desired results than the best alcoholic or other preserved representatives the market could afford.

A decoction of the recent root of cimicifuga is more satisfactory in its effects than any bottled extract the druggists' shelves can supply in muscular rheumatism. An aqueous extract of logwood fills the bill more effectively than the most skillfully manipulated pharmaceutical product in diarrhea. A decoction of the green plant of erigeron canadense is of the highest value in the profuse watery evacuations of cholera infantum, while

no preparation the market has ever afforded exhibits much curative tendency in such cases. We have several times, in our belief, saved life with this remedy in decoction when it seemed as if nothing else would have succeeded.

The subject deserves thought and investigation. The country physician is very favorably situated to work out such a problem. Boiling water may extract some valuable equivalent from an indigenous plant which would be lost by any cold process of separation. It positively does better in such cases as those named above.

Our Directory.—Please glance at our Pacific Coast Directory begun in the advertising pages of this issue—an enterprise due to the suggestion of T. D. Hall, M. D.

These cards will be published at the nominal price of \$2.00 per year each. You are invited to place your name on the list and contribute to the income of the JOURNAL. Send orders and money to Dr. Maclean.

We would be glad to have the name of every Eclectic on the coast with the corresponding equivalent.

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EDITORIAL NOTES.

DR. I. N. MONFORT has removed from Oakland to San Francisco. His office is at 129 Taylor Street.

DR. HOAG, a rather eccentric botanic physician, and an old resident of San Francisco, died suddenly, the 9th ult., at his home at No. 26 Sixth Street, of heart disease. He saw a patient in the morning, and died before noon.

IF each contributor would send his copy in just the form it should appear, it would save the proof-reader and compositor much trouble. Please head your articles after the form adopted by the JOURNAL, and leave your name off the bottom.

THE editor has been appointed as a member of the National Committee on Locations, and has already received a number of communications on the subject. All information bearing upon eligible locations for Eclectics in this State sent to the JOURNAL will be thankfully received and put to good use.

D. H. RAND, M. D., one of our old graduates, has been visiting his paternal home in Oakland recently. The doctor has established himself in Portland, Oregon, and is enthusiastic over the Northwest. He is now Professor of Genito-urinary Diseases in the Willamette University, medical department.

THE Eclectics have obtained control of the Springfield (Ohio) Hospital, an institution of first-class appointments, though the place is not a metropolitan center. L. E. Russell, M. D., has been appointed, or elected, surgeon of the institution for the present year. Eclectic medicine must possess strong advocates when it surmounts the mountain of prejudice that other schools have sought to build between it and every place of public trust. Ohio, however, is an Eclectic stronghold.

MISCELLANY.

TEN grains of salicylate of soda every half hour, for three or four doses, is said to be a sure cure for toothache.—*Southern Cal. Practitioner.*

THE excruciating pain of uterine cancer is sometimes wonderfully relieved by the administration of quinine. This was asserted by Verneuil many years ago, and has since been repeatedly confirmed.—*Medical World*.

TO RAISE THE EPIGLOTTIS.—Dr. Benjamin Howard asserts that the proper way to raise the epiglottis is to extend the chin from the breast by forcible traction until the skin from the symphysis to the sternum is tense. Certainly a very simple maneuver if it can be remembered.

FOR BACCHANALIANS.—Half a teaspoonful of chloride of ammonium in a goblet of water will almost immediately restore his faculties and powers of locomotion to a man who is helplessly intoxicated. A wineglassful of strong vinegar will have the same effect, and is frequently resorted to by drunken soldiers to enable them to return steadily to their barracks.—*Med. World*.

STIFF JOINTS.—Ichthyol four drachms, fresh lard two to three ounces, rubbed in freely, is very beneficial in enlarged glands, erysipelatous skin, and in the swollen and stiffened joints of a convalescing case of acute rheumatism. Two to five drops encapsuled internally is said to surpass the salicylates in inflammatory rheumatism.—*University Med. Mag.*

NITRIC ACID IN SCARLATINA.—At a recent meeting of the Allegheny County Society, Dr. Z. T. Miller, of Pittsburg, reported a case of scarlatina with the following symptoms: Rash rough; delirium; restlessness; red tongue; temperature 104°; intermittent action of the heart. Nitric acid 500 was given and had a prompt and decided action. A specific history in the child's father helped in the selection of the nitric acid.

SODA SOLUTIONS FOR BOILING INSTRUMENTS.—To avoid the corroding of instruments, when boiled before or after operations, Dr. Charles M. Thomas recommends the addition of ordinary washing soda or baking powder to the water. The instruments come out really brighter than before immersion. This answers equally well in the water for immersing instruments during an operation, and does not interfere with the addition of antiseptics.

PSORINUM is dried pus from the itch vesicle. A writer in the *Southern Journal Homeopathy* says: "Psorinum also cures religious melancholy, as do sulph. and nux. Psorinum has cured these two symptoms, which Hahnemann has classed among those peculiarly psoric, viz.: Every moral emotion causing trembling, and severe ailments from slight emotions. Psorinum suits best

scrofulous and psoric constitutions, subject to grandular diseases. Psorinum cures obstinate constipation, and especially in children, as I have learned, when nothing else will."—*Medical Age*.

CHLORIDE OF BARIUM.—Chloride of barium is a heart tonic, an excitant of peripheral arteries, and a diuretic. Half grain doses, taken morning and evening, have proved serviceable in cases of aortic regurgitation, strengthening the pulse, reducing its ratio, and increasing the urine.

TREATMENT OF SICK-HEADACHE.—Dr. W. Gill Wylie, of New York, has produced excellent results with the following method of treatment. So soon as the first pain is felt, the patient is to take a pill or capsule containing one grain of inspissated ox-gall and one drop of oil of gaultheria every hour, until relief is felt, or until six have been taken. Dr. Wylie states that sick-headache as such is almost invariably cut short by this plan, although some pain of a neuralgic character remains in a few cases.—*Canada Medical Record*.

PAINLESS DESTRUCTION OF NEVI.—A. B., aged two, suffering from a nevus the size of a shilling behind the right ear, was, on May 13, 1887, treated by me in the following manner for its removal. Having first painted the healthy skin around the circumference of the nevus, for about half an inch, with a coating of collodion flexile, I applied a thick layer of a four per cent solution of corrosive sublimate over the nevus. On the 25th, when I removed the collodion, the nevus had entirely disappeared, and nothing remained but a small scab. Dr. Boing was the first to suggest this method of treatment, and my object in publishing his case is to draw attention to so simple, satisfactory and painless a method of treatment.—*British Medical Journal*.

EDITOR MEDICAL WORLD: I notice in your July number, vol. 6, an article entitled, "How to Cure a Felon." Please permit me to give your readers the best cure that my experience has taught me.

By lectricity, used as follows, a felon is destroyed with lightning speed. Use a good galvanic battery with ordinary power, then fill two glass dishes or cups with water, place the finger affected with the felon in one cup, in which you have placed the positive end of the electric wire; then place the next sound finger in the second glass cup, in which you have inserted the negative pole; continue passing the current for twenty or thirty minutes, and if required repeat this once in four or six hours. The pus that is exsmoded through the periosteum will appear as a small pimple at the skin in a few days, and may require to be pricked with a needle.—*Medical World*.

WE are in receipt of a copy of the *Trained Nurse*, a monthly magazine consecrated to those who minister to the sick and suffering in hospital and home. It is published by the Lakeside Publishing Co., of Buffalo, N. Y., and its editor, Margaret Elliot Francis, was formerly Superintendent of the Buffalo Training School for Nurses. This December issue contains, among other things, an illustrated poem, entitled, "Nan's Story;" well-written articles on "The Trained Nurse and the Family;" "Some Simple Facts about Medicines;" "How to Stand" (illustrated); "Quarantining School-children;" "A French Hospital for Children," etc. The Letter-box, Editorial, Hospital Notes, Diet, Kitchen, Practical Points, etc., help to make this issue of the *Trained Nurse* unusually attractive. Send ten cents for a specimen copy.

TEST FOR PUS.—Vilali recommends the tincture of guiac as a very delicate test for pus, while at the same time it can be used conveniently at the bedside upon the urine in the commode. Leucocytes possesses the property of ozonizing oxygen and of coloring the resin of guiac, therefore blue without any intermediate process. This reaction is a very energetic one, even with pus that has been altered by fermentation or dried by spontaneous evaporation. The reaction also occurs in the urine of hematuria, provided a certain amount of hemoglobin is present.

All fluids capable of containing leucocytes exhibit the blue color with tincture of guiac. Hence, saliva, mucus from the nose, will exhibit the blue coloration, but more slowly and feebly. If filtered, these fluids produce no reaction—*Bollettino farmaceutico*.—*Journal de Medicine de Paris*.

READING WITH A PRECEPTOR.—We fear that this excellent, old-fashioned custom is destined to become unpopular, since Professor Flint's statement that those students who spend the extra year attending lectures pass the best examination. But the examination is not the grand end and aim of all medical study, and a sensible, clear-headed preceptor can do much to start a young man on the right course towards successful medical practice.

Where can he learn so well the practical professional duties of the sick-room? Where can he be so thoroughly initiated into the mysteries of diagnosis? Where, in fact, can he see so well the practical side of a physician's life as while *riding* with a preceptor, whether much reading be done or not? We hope never to see this custom given up. However, we should prefer to see it follow rather than precede a course of college study. It is an excellent way of employing the vacation between terms, and we should like

to see young men come out of college with their diploma, modest enough to feel that they need a year or two of apprenticeship to some experienced practitioner.—*Medical World*.

SHALL a doctor advertise?
Is it foolish? Is it wise?
Will it pay, or will it not?
"Yes, that trick will take the pot."

Since I think that it *will* pay
Comes the question, In what way?
Shall I start a monthly sheet,
Naming every fool I treat?

Shall I seek the public prints,
That at all deception squints?
Can I face the angry frowns
Of my rivals—stupid clowns?

No; a better way I see,
Wherewithal to catch the fee,
And my colleagues' eyes to "wool,"
With the celebrated "pull."

So if in the *Globe* I see
"The distinguished Dr. Bee
Called to Coventry to-day—
Gunshot wound—a street affray,"

How I cuss the whole *Globe* crew
(To Dr. R and P and Q),
And then down to newspaper row,
With many a smile and smirk, I go.

"You naughty man"—a sly side wink—
"You've broke the—Let's go take a drink."
"Oh, Billy, by the way,
Was called to see Judge Cash to-day."

Another puff next week. And, too,
I've got another method—new!
It wouldn't do to sign a puff
In print—'twould raise a mighty huff.

WARNER'S SAFE KIDNEY CURE.—We answer this question, this time, simply because we are now in a position to give a correct answer to it, which we have never been able to do in the past. The recent introduction of the nostrum into Germany necessitated the furnishing of the formula to the authorities, and its verifica-

tion by their chemists. In the *Pharmaceutische Post* for October 21 we find the report of the latter, D. F. Homayer, of Frankfort-on-the-Main, in full. According to the formula as furnished him, each bottle of the cure contains:—

Extract of lycopus virginiana (the herb).....	308	grs.
Extract of hepatica (the herb).....	232	grs.
Extract of gaultheria.....	7½	grs.
Potassium nitrate.....	39	grs.
Alcohol (90°).....	2½	oz.
Glycerin.....	10	drs.
The balance is water.		

With these data you can make Warner's Safe Kidney Cure as well as he can himself, but we must remind you that you have no right to use the name. That is his property.—*Nat. Drug.*

TREATMENT OF ENDOCERVICITIS.—Professor Home (*Eclectic Medical Journal*) proposes the following in endocervicitis.

R Glycerine, f̄ii.
 Salicylic acid, grs. xxx.
 Pulv. borax, ʒi.

M. Sig.—Keep in a wide-mouthed vial having a glass stopper. This near the gynecological chair or table, is used for the special purpose. A pine stick as long as a pen-holder and twice as large, whittled to a blunt point, and curved a little like the partially flexed fore-finger, is to be dipped in the mild caustic and then carried through a vaginal speculum to the os and within the cervix uteri, penetrating the cervical canal for three-quarters of an inch. Once in five days is often enough for a re-application. From five to fifteen repetitions will generally cure a common case. A swab of cotton is to be used to clear the os before the mild escharotic is used.

A THREAD AND NEEDLE SWALLOWED.—Dr Basty, of St. Leonard (Haute-Vienne) reports the case of a farmer, forty-nine years of age, who swallowed, while partaking of some soup, a threaded needle. During the night he felt no effects, but early in the morning, when he went to get up, he was unable to do so because of the sharp, lancinating pains which he felt in the region of the stomach. These pains disappeared after a short time; the patient ate his breakfast and went to his work. Upon defecation, which act was performed normally, the pains suddenly returned in the region of the lower bowel. The thread appearing externally, it was pulled upon, and after much suffering both thread and needle were extracted. The needle was five centimeters long, not rusted, but blackened by the sulphuretted hydrogen of the intestinal con

tents. The thread was undisturbed in the eye of the needle. The time from its entrance to its exit from the digestive tract was about seventy-two hours. There were no serious lesions or other bad results.—*Le Progrès Medical*.

MESSRS. ELI LILLY & Co., of Indianapolis, have issued a work entitled "Hand-book of Pharmacy and Therapeutics." The aim, as stated in the introduction, is to furnish the busy practitioner a reliable means of ready reference, at once concise, systematic and authoritative, to which he may refer with confidence in case of doubt. Younger members of the profession and medical students will find this work full of suggestions. It will be sent free to any physician, druggist or medical student by addressing Eli Lilly & Co., Indianapolis, Ind., mentioning this journal.

BOOK NOTICES.

FAVORITE PRESCRIPTIONS OF DISTINGUISHED PRACTITIONERS WITH NOTES ON TREATMENT. Compiled from the published writings or unpublished records of Drs. Fordyce Barker, Roberts Bartholow, Samuel D. Gross, Austin Flint, Alonzo Clark, Alfred L. Loomis, F. J. Bumstead, T. G. Thomas, H. C. Wood, Wm. Goodell, A. Jacobi, J. M. Fothergill, N. S. Davis, J. Marion-Sims, Wm. H. Byford, L. A. Duhring, E. O. Janeway, J. M. Da Costa, J. Solis Cohen, Meredith Clymer, J. Lewis Smith, W. H. Thomson, C. E. Brown-Sequard, M. A. Pallen, Geo. H. Fox, W. A. Hammond, E. C. Spitzka, etc., etc., by B. W. Palmer, A. M., M. D., new, enlarged and revised edition, with blank pages interleaved in its several departments for registering formulæ worth preserving.

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